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BIBDATASHEET

CONFIRMATION NO. 5385

Bib Data Sheet

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 09/932,302 | 08/17/2001 | 424 | 1618 | 56,007-CIP (70207) |
| RULE | | | | |

APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/605,621 06/28/2000 ABN which claims benefit of 60/141,540 06/28/1999 and claims benefit of 60/300,133 06/22/2001 and claims benefit of 60/307,744 07/25/2001

This application 09/932,302

is a CIP of 09/314,441 05/19/1999 PAT 6,353,105

and is a CIP of 09/671,534 09/27/2000 PAT 6,417,221

and said 09/314,441 05/19/1999

is a DIV of 08/893,921 07/11/1997 PAT 5,948,933

and said 09/671,534 09/27/2000

is a DIV of 09/314,441 05/19/1999 PAT 6,353,105

and is a CIP of 08/552,584 11/03/1995 PAT 6,171,576

This application 09/932,302

is a CIP of 09/568,106 05/10/2000 PAT 6,548,041

which claims benefit of 60/133,761 05/12/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 09/13/2001

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|---------------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 0 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

21874

TITLE

METHODS FOR DIAGNOSING AND MONITORING TREATMENT ADHD BY ASSESSING THE DOPAMINE TRANSPORTER LEVEL

**FILING FEE
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- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)